

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12	1					
13		1				
14		1				
15		3				
16		3				
17		0				
18		0				
19		0				
20		0				
21		0				
22	1					
23		1				
24		2				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31	1					
32		1				
33		2				
34		0				
35		0				
36		0				
37	1					
38		1				
39		1				
40		1				
41	1					
42		1				
43		2				
44		2				
45		0				
46		0				
47		0				
48		0				
49		0				
50	1					
TOTAL IND.	7					
TOTAL DEP.	55					
TOTAL CLAIMS	62					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
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100						
TOTAL IND.	7					
TOTAL DEP.	55					
TOTAL CLAIMS	62					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS